

Appendix 6 ■ Withdrawal of Request for State Hearing Form DPA 315 (7/99)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
<input type="checkbox"/> WITHDRAWAL		<input type="checkbox"/> CONDITIONAL WITHDRAWALS	
OF REQUEST FOR HEARING			
Case Name: _____		County Case No: _____	
State Hearing No: _____		Filing Date: _____	
County: _____		Hearing Date: _____	
		Hearing Time: _____	
_____, the undersigned do hereby:			
<input type="checkbox"/> Withdraw my request for a state hearing before the State Department of Social Services. I understand that by withdrawing my request, I lose my right to a hearing on that request. I also understand that by withdrawing my request for hearing, aid which has been paid because of the request will stop without further notice. I may, however, file a new hearing request raising the identical issue provided that the new request is timely per Manual of Policies and Procedures Section 22-009.			
<input type="checkbox"/> Conditionally withdraw my request for a state hearing before the State Department of Social Services. I understand that by conditionally withdrawing my request for hearing, aid which has been paid because of the hearing request will stop without further notice. I understand that the county will issue a redetermination notice within 30 days and that must request a hearing within 90 DAYS of the county's notice if I am not satisfied with the county's reconsideration of my case. Upon such renewal, I shall have the same rights I would have had if I had not signed this conditional withdrawal.			
NOTE: A conditional withdrawal must provide that the actions of both parties will be completed within 30 days.			
The reasons for or conditions of this withdrawal are: _____			

Signed		Signed	
_____ <small>(County Representative)</small>	_____ <small>(Date)</small>	_____ <small>(Client)</small>	_____ <small>(Date)</small>
_____ <small>(County Address)</small>		_____ <small>(Address)</small>	
_____ <small>(City)</small>	_____ <small>(Zip Code)</small>	_____ <small>(City)</small>	_____ <small>(Zip Code)</small>
_____ <small>(Telephone Number)</small>		_____ <small>(Telephone Number)</small>	
NOTE: A Conditional Withdrawal must also be signed by a County Representative or it is invalid.			

This document is located at
<http://www.cdss.ca.gov/cdssweb/entres/forms/English/DPA315.PDF>